

# CLAIMS ONLY

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1	1	
3		1		1		1
4		3		3		2
5		2		2		2
6		2		2		2
7		2		2		1
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TOTAL IND.	1	0	1	0	1	0
TOTAL DEP.	9	0	1	0	8	0
TOTAL CLAIMS	10		2		9	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS